

**INDEPENDENT OVERSIGHT
ACTION ITEMS**



COMMITTEE MEETING NOTES &

IOC Name: ___ DHS ASH IOC _____ **Meeting Date:** 05/20/2021
Meeting Location: _Conf Call (remote)_ **Meeting Time:** ___ 18:04-19:00pm ___

Members Present: Laurie Goldstein, Larry Allen, Kim Scherek, Dee Putty, Barb Honiberg, Ashley Oddo, Natalie Trainor

Members Absent: Melissa Farling, Alyce Kline, Leon Canty

Other Attendees: Isaac Contreras, Chris Martell, Time Briebiesco, Deborah Beikowski

Agenda Items (Enter the related topic from the IOC's agenda)	General Description of Matters Discussed & Motions Made (Enter the related topic from the IOC's agenda)	Action Item/Assigned To/Due Date (Indicate the specific follow-up task/s or actions that need to be completed; include the name of the member assigned to the item, next steps to be taken, and the anticipated due date)
Welcome - disclosure of conflict of interest	none	
Review and approve meeting minutes	Approved	Motion, Barb Second, Natalie Roll Call, unanimous
ADOA update	Bylaws are finished and posted on the IOC website for public comment. Will be posted until June 1 st . After that, they will be signed and posted on the website. Larry shared link: https://ioc.az.gov/publications/public-comment No resolution to the escalation issue. Larry continues to search for a resolution. Director Tobin is meeting with Senator, may have answer after that.	

	<p>For year-end reports, they are due June 30th. Next one due on mid-late August. Getting back on track with meeting statute deadlines.</p>	
Review of Action Items	<p>ASH provided data per 1000 patients so it's easy to compare. IOC was above average on all data.</p> <p>ASH reports that they respond to medical care on a case by case basis. ASH response contradicts what IOC members heard during a visit.</p> <p>ASH described difference between seclusion/separation. ASH stated that the spaces have multiple rooms and ample space for the patient to move about freely.</p> <p>ASH wondering what the observation is for. They follow commission and code when they develop spaces. ASH does not feel space visit/viewing would be productive and may be disruptive. ASH has now declined both photos and visits regarding the spaces. This is concerning to IOC.</p> <p>ASH described how they will re-open/adjust post COVID. There was no plan to help patients "make-up" lack of progressions due to COVID.</p> <p>ASH described the protocol for sexualized incidents. There is support and redirection, unit moves when needed. All these incidents are reported to APS and guardian.</p> <p>ASH described services like dentistry and podiatry.</p>	<p>What is ASH's hypothesis on why the restraints are above average when compared to other hospitals? What is the plan to reduce the number of restraints?</p> <p>Motion, Barb Second, Ashley Roll Call, unanimous</p> <p>IOC has asked for both visits and photos of the spaces mentioned. What is another option for IOC to see the space? Are there drawings? Is there an unused unit that IOC can observe so as not to disrupt?</p> <p>Motion, Natalie Second, Ashley Roll Call, unanimous</p> <p>For admin separation #20, attachment 3, the term temporary was used. Please define temporary? We have seen 8 months in the past?</p> <p>Motion, Ashley Second, Barb Roll Call, unanimous</p>
Incident and Accident Reports	<p>High numbers noted on restraints- both in number of restraints and in length of restraints.</p> <p>High numbers on seclusions also noted.</p> <p>Trouble with the folder to view incident and accident reports.</p> <p>ASH-2021-1294: Patient got EFC weight. Unsure what EFC is. Officer came to incident and asked</p>	<p>Why is the duration of restraints so long?</p> <p>Motion, Barb Second, Dee Roll Call, unanimous</p>

	<p>for video. Video was helpful in this incident, officer was given a copy of the video.</p> <p>ASH-2021-1301: Patient cut self with bathroom tile, was keeping tiles in dorm. This same thing happened again 15 days later. Why was this able to happen a second time? IOC noted that the tile should have been repaired after the first incident to prevent further injury.</p> <p>ASH-2021-1321: Peer on peer assault during line. IOC notes lines are necessary for outings, meds, transitions, etc. Staff said they will be discouraging lines. IOC is unclear on this solution.</p> <p>ASH-2021-1325: Assault on staff. Patient thought meds were poisoned and hit nurse. Nurse pressed charges. Patient was taken away.</p> <p>ASH-2021-1340: Patient swallowed crayon. Sent to Valleywise. Patient was admitted. IOC noted with batteries patient was not admitted.</p> <p>ASH-2021-1369: Sexual incident of on patient touching another. IOC curious if this was the same pair that has had issues previously. May need to be kept off malls at the same time.</p> <p>ASH-2021-1450: Nure was checking injury on patient and noticed swelling, sought care for patient. IOC noted that nurse was observant and acted well.</p> <p>ASH-2021-1458: Patient near restroom was picking cabinet wood and swallowing pieces. Patient vomited and there was plant matter, suspected patient was eating the vegetation on campus. IOC curious if there was a work order about the cabinet?</p> <p>ASH will review the case in executive session at July meeting.</p>	<p>IOC recommends that the campus is inspected and repairs throughout are remedied to prevent future incidents.</p> <p>Motion, Natalie Second, Ashley Roll call, unanimous</p>
ASH Admin update	<p>Patient Forum- saw organized units, read grievances. Patients can only order from Walken Horse catalog. Patients especially dislike the MP3 player- not enough memory. Admin said patients could make a list and ASH would review the</p>	

	<p>requests. Community re-entry also discussed. Request forms process changed- more paperwork. Patients want more internet time, there's not enough opportunity. Want more computer lab hours/times/access. Would like scanner. Would like more recovery (addiction) treatment. Patients want more dorm access time. A visitor noted Doctor was not welcoming to visitors.</p>	
Patient Visits, Site Visits	<p>Video of incident was not available/was shortened when IOC wanted to review it again. Members can't see what preceded the incident.</p> <p>Grievance retaliation still an ongoing issue, per patients- more than one. Patients also wrote Larry at the IOC. Staff watches people toilet or undress when not necessary.</p> <p>A patient wanting medical materials, test strips to go with machine.</p> <p>One patient very pleased with access to computer to meet with lawyer. Still feels like he dislikes ASH.</p> <p>Visited a patient per parent request. Patient did not seem like he was making progress on his recovery.</p>	<p>IOC would like to see the part of the video where the patient was sitting near the phone- was it discarded? If so why? If not, can we get it to view?</p> <p>Motion, Barb Second, Dee Roll Call, unanimous</p> <p>IOC wants to know why patients are watched during toileting or undressing?</p> <p>Motion, Laurie Second, Ashley Roll Call, unanimous</p> <p>Why can ASH not order the appropriate strips?</p> <p>Motion, Laurie Second, Ashley Roll Call, unanimous</p>
New Business	No new business	
Member recruitment	Member search continues	
Public Comment (3-minute limit per person)/Call to the Public	Isaac Contreras- discussed video footage, discussed physician's assistant who retaliated, progression is affected due to retaliation, feels that ASH and Bowen think they're above the law, patient asked for medical attention and was told	

	<p>“you have to wait, I don’t want to get fired” and “I have to get approval” appearing the described procedures were not followed when he requested medical attention, asked IOC to review the YouTube videos, asking for help to progress and get out</p> <p>Chris Martell- feels ASH lies to cover up issues, some are good but would lie to keep their job, feels ASH should keep all video angles, he was hit 3x and IOC did not see any hits in the video, described the incident of being instigated and insulted, said videos are to remain on file for 7 years, one camera above the TV in the day room would have good footage of described incidents, also described different meds he would like that aren’t being allowed which is violating his religion, requested a phone call</p> <p>Tim Briebiesco- people watching him use the restroom saying it’s for safety reason, he disagrees, had mail tampered with, his stimulus check was delivered to hospital, but staff took it out of the hospital and sent it to the IRS, grievances and complaints keep getting delayed and not addressed, some complaints are over a year old, investigations are poor and slow (gave examples), feels he has been moved unnecessarily after he made 15 grievances in one night, described incidents of his valuables being stolen, he would like a law library, requested a phone call</p> <p>Isaac Contreras (again)- suggested IOC goes to look at videos and of his area of separation, he said it is not a two room place but one small room the same space that is used for seclusion.</p> <p>Deborah Beikowski- asked if there was a government entity for air pollution (Laurie answered and then remembered she could no respond to public comment), she would like more filters and tubing and air quality at ASH (Tim chimed in and suggested the EPA)</p>	
Adjournment		Motion, Laurie Second, Ashley Roll Call, unanimous